

215047612  
70128

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 86	Agency Case No. B5-107251	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y 11/15/2015		S M T W TH F S <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		STATE USE ONLY  11/17/2015
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 1820	POLICE NOTIFIED 0840	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 1201 B St.		PRIVATE PROPERTY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	ONE-WAY STREET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
C 6	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
		NAME OF INTERSECTING ROADWAY		<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES N S E W		OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
		20.00		X		1201 B St
V1/M 20	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 20	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	DRIVER unknown			STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
V1/N 1	DRIVER ADDRESS	CITY, STATE, ZIP			PHONE	LOCAL NO.
V2/N 1	OWNER unknown	CITY, STATE, ZIP			PHONE	LOCAL NO.
G 1	OWNER ADDRESS	CITY, STATE, ZIP			CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.
H 5	LICENSE PLATE PA NO.	YEAR	MAKE	MODEL	BODY STYLE	COLOR
V1/O 2	VEHICLE	2004	Ford	E250	Full size van	white
V2/O 2	VEHICLE ID NO. (VIN)	1FTNE24WX4HA17557			INSURANCE COMPANY	ESTIMATED DAMAGE
		TOWED TO			TOWED BY	POLICY NO.
VEHICLE NO. 2						
I 1	DRIVER LICENSE NO.	DRIVER Legally Parked			STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
V1/P 8	DRIVER ADDRESS	CITY, STATE, ZIP			PHONE	LOCAL NO.
V2/P 8	OWNER TIME WARNER ENT-ADVANCE NEWHOUSE	CITY, STATE, ZIP			PHONE	LOCAL NO.
J 01	OWNER ADDRESS	CITY, STATE, ZIP			CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.
V1/Q 4	LICENSE PLATE TE NO.	YEAR	MAKE	MODEL	BODY STYLE	COLOR
V2/Q 4	VEHICLE	2004	Ford	E250	Full size van	white
K 01	VEHICLE ID NO. (VIN)	1FTNE24WX4HA17557			INSURANCE COMPANY	ESTIMATED DAMAGE
		TOWED TO			TOWED BY	POLICY NO.
		6758442			National Union Fire Insurance Co	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	4 Injury Sev.	5 Trans.	SEX M F

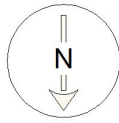
**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
B5-107251



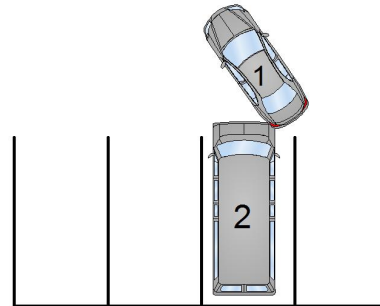
Indicate  
North  
by Arrow



*Not To Scale*

POI Unknown due to belated report

All blank boxes are unknown due to belated report



1201 B St.

**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

Owner of #2 reports that vehicle #2 was parked behind building at 1201 B St. when it was struck by unknown vehicle #1. The witness was seated in driver seat with vehicle off completing paperwork when he observed Veh #1 back into the vehicle. He said he got out and spoke to the driver (b/m, 30's with facial hair) and when he told driver he was getting phone to make a call the driver fled the scene. He tried to get license plate and obtained TMH138. That plate did not match the vehicle the witness saw.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
<b>WITNESSES</b>	NAME Jodiah Smith 2049 S 20th, Lincoln, NE 68502				PHONE 402-613-4319
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME										
1	X				1201 B St										
2		X			1201 B St										
1	02				06 Turning left		VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 1		
2	10				08 Entering traffic lane		VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 1		
					09 Leaving traffic lane		VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 1		
					10 Parked		VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 1		
					11 Slowing or stopped in traffic		VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 1		
					12 Other		VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 1		
					13 Unknown		VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 1		

OFFICER NO. 1253	TROOP/TEAM/BEAT NW	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Robert Brenner		INVESTIGATOR SIGNATURE Approved by Ofc Robert Brenner	DATE OF REPORT 11/17/2015